

Name in Full

Certificate of Death

Sarah Brown

Town

County

Died at near Long Corner Howard

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 20

Age 76

Md

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

5

Husband of

Wife

Father's

Mother's

Name Watt Applebee Maiden Name

Don't know

Cause of Primary

Pneumonia

How long sick

1 week

Death Immediate

Accident, Suicide, Homicide

Reported by

J. E. Bromwell

M. D.

Address

Bridgetown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Michael Butler

Died at Mayfield Howard County MARYLAND

Date 19 Apr 9 18 78 — — — Ireland Laborer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of General debility 754 2 weeks

Death Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Isaiah Lou*
 Town *Tulton* County *Howard* MARYLAND
 Date 1902 4 19 Month Day Y. M. D.
 Age 85 Native of *Ind* Occupation *Merchant*
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 4

Husband
of
Wife


Father's
Name

Mother's
Maiden Name

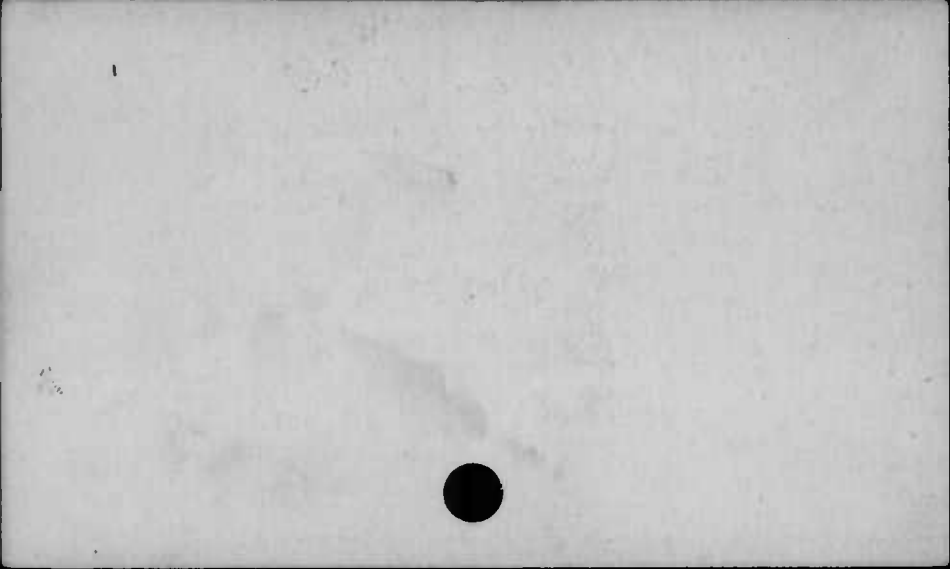
Cause of Death { Primary *Influenza* 10 How long sick
 { Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by

Address

W L L Leissel
Highland  *Howard Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Brownford

Died at *Clinton City* Town *Hamm* County MARYLAND

Date 19 *02* Month *April* Day *10* Y. M. D. Native of *Md* Occupation *—*

Age *—*

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband
of
Wife

Father's Name *Ben, Brownford* Mother's Maiden Name *Florence*

Cause of Death { Primary Immediate *Still born* } How long sick *—*

~~Accident, Suicide, Homicide~~

Reported by *John M. B. Rogers M.D.*

Address *Clinton City Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Wesley Saley

Died at his home in Howard MARYLAND

Date 1902 4 29 | Age 27.8.2 | Native of Md | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~ Widower

~~Female~~ Colored Single Number of children living 3

Husband of Mary Boston

Wife

Father's Name Plummer Saley Mother's Name Edmonia Blue

Name Maiden Name

Cause of Death { Primary Typhoid Pneumonia
Immediate Exhaustion

How long sick 4 weeks

Accident, Suicide, Homicide

Reported by 1 M. William M.D.

Address Savage Md.

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or ministar.

St. Stevens's Saturday

Name In Full

Certificate of Death

Timothy Ezra Harrison
 near Florence, Howard

MARYLAND

Died at near Florence, Howard County
 Date 1907, April 24 Month Day Y. M. D. Age 8 3
 Male White Married Widow Divorced Native of Howard Occupation _____
Female Colored Single Widower Number of children living 5 (live)

Husband
 of

Father's Name Fred Harrison Mother's Name Alvira Dorsey
 Maiden Name

Cause of Primary

How long sick

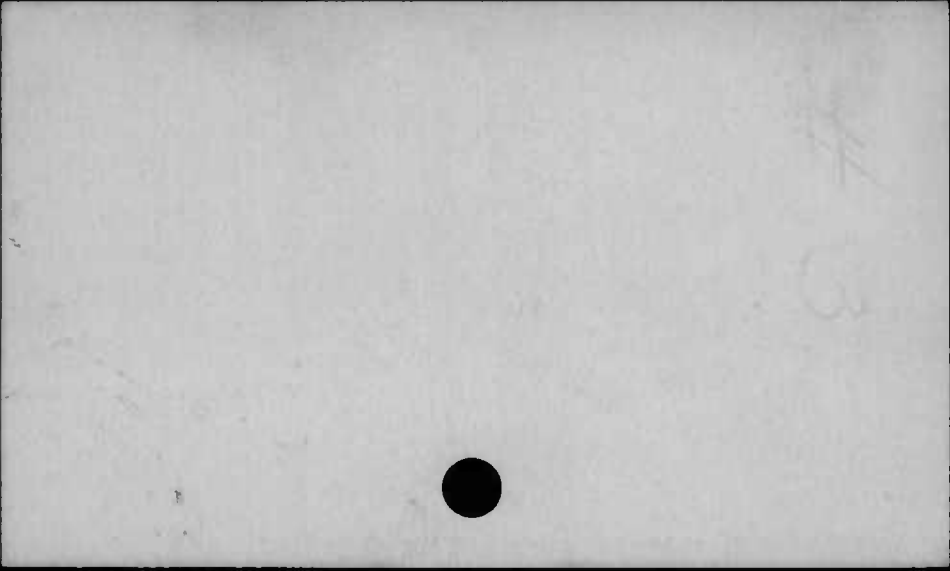
Death Immediate

Constitution
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town *Edna Johnson*
 County *Howard* MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr. 22

Age

*6**Md.*~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Edna May Jurney
 Town *Savary* County *Howard*

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

*4 10*Age *5' 1-**MD**Infant*~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

*Benj. F. Jurney*Mother's
Maiden Name*Sarah**Harvey*

Cause of

Primary

Tuberculosis Pulmonary

How long sick

2 yrs

Death

Immediate

Exhaustion~~Accident, Suicide, Homicide~~

Reported by

William M. D

Address

*Savary**MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 - 8

Age

70 - -

GA

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

6

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Coronary Valvular Insufficiency

How long sick

18 Months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Miss Anna Delaplaine Martin

Town

County

Died at

Ellicott City

Howard

MARYLAND

Date	1902	Month	4	Day	13	Age	49	Y.	M.	D.	Native of	Maryland	Occupation	House Keeper
	Male		White			Marr					Widow		Divorced	
	Female		Colored			Single					Widower		Number of children living	

Husband
Wife

Father's

Name

Dr. Isaac J. Martin

Mother's

Name

Juliana Abbey

Cause of

Primary

Ulcer of Stomach

Death

Immediate

Exhaustion

How long sick

4 yrs

Accident, Suicide, Homicide

Reported by

Address

Dr. H. B. Orring
Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George S. Powell

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

April 8

Age

1.7 -

Howard

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Wm Powell

Mother's
Name

Ida Powell

Cause of

Primary

Hepatic Conge

How long sick

2 days

Death

Immediate

Lunacy Strangulation

Accident, Suicide, Homicide

Reported by

Wm Powell

Address

Glenwood

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Belberton ^{Town} Howard ^{County} MARYLAND

Date 1902 April 3 ^{Month Day} Age 31 hours ^{Y. M. D.} old ^{Native of} MD ^{Occupation}

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of _____

Wife

Father's Name Frank B Randall ^{Mother's} Ada L Randall

^{Maiden Name}

Cause of Death { Primary Immediate Exhaustion 151 How long sick Accident, Suicide, Homicide

Reported by J. J. Waldmeyer MD

Address J. J. Waldmeyer Sub Registrar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hortie Richardson.

Died at ^{Town} Roxbury Mills, ^{County} Harford.

MARYLAND

Date ¹⁹⁰² April. 9. Age 1. 6. - Native of Ind. Occupation _____

☒ Male ☒ White ☒ Married ☒ Widow ☒ Divorced
☐ Female ☐ Colored ☐ Single ☒ Widower Number of children living 3

Husband of _____
 Wife _____

Father's Name Charles Richardson Mother's Name Hester Richardson

Cause of Death Primary Military Tuberculosis How long sick 4 months.
 Immediate Asthenia. Accident, Suicide, Homicide

Reported by

Address

L. S. Occurip, M.D.
 Philadelphia, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7900R



Samuel Shepherd.

Town

County

Died at Poplar Springs Howard

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

April. 9

Age 66.4.8

Md.

Laborer

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

5.

Husband of

~~Wife~~

Debbie J. Shepherd.

Father's

Mother's

Name

Name

Cause of

Primary

Pneumonia & Nephritis

How long sick

4 weeks.

Death

Immediate

Uremia.

~~Accident, Suicide, Homicide~~

Reported by

J. W. Lacy, M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mrs Mary J. Snowden,

Town

County

MARYLAND

Clifton Howard Co

Month Day Y. M. D. Native of Occupation

April 24 Age 83 Howard Co Home Wife

White Married Widower Divorced

Colored Single Widower Number of children living home

Husband of Coluband Snowden.

Father's Name Mother's Name Maiden Name

Cause of Primary Failure of vital forces 2 weeks,

Death Immediate Heart failure 54 Accident, Suicide, Homicide

Reported by J. Walter Sins M. D.

Address Cricksville Howard Co Md



Name In Full

Certificate of Death

Harry Snowden.

Died at ^{Town} Near Gary

County

Admord.

MARYLAND

Date ¹⁹⁰² April 15. Age 18. Y. M. D. Native of Md. Occupation Laborer.

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living ☒

Husband of —
Wife

Father's Name James Snowden

Mother's Name Cordelia Snowden.

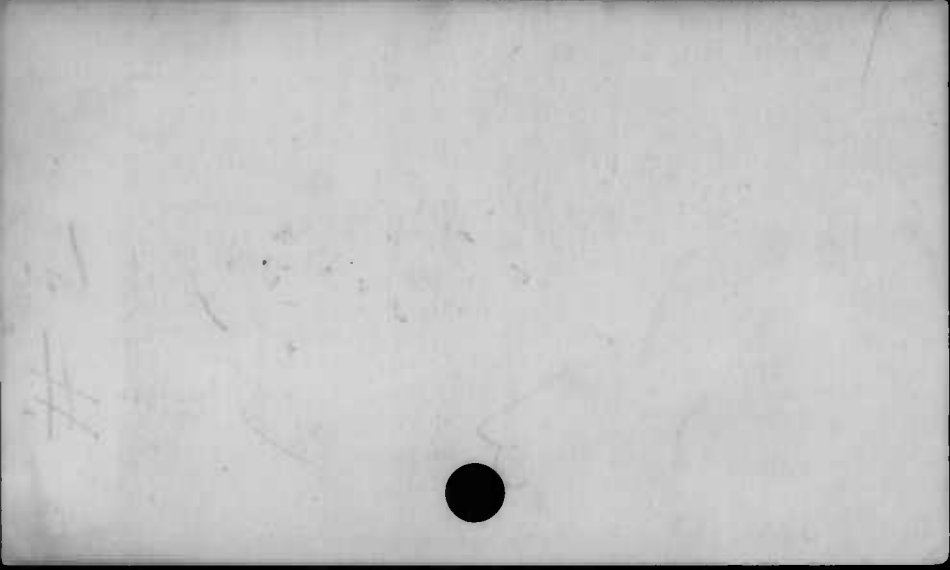
Cause of Death Primary ☒ Asthenia. How long sick 2 months.

Death Immediate ☒ Accident, Suicide, Homicide

Reported by L. G. Upmire M.D.

Address Philadelphia, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Miss Ann Zigler

Died at ^{Town} Highland ^{County} Howard MARYLAND

Date 19 09 Month 4 Day 4 Age 66 M. D. Native of Ind Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Death { Primary Pneumonia 93

Death { Immediate Heart Failure

How long sick 3 weeks.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

